



# APPLICATION FOR FLORIDA BIRTH RECORD

Florida Department of Health - Vital Statistics  
83 Pondella Road - North Fort Myers, FL 33903  
Monday to Friday - 9:00 am to 4:00 pm  
Phone: (239) 332-9572 Website: www.leechd.com



IF PLACING ORDER BY MAIL YOU MUST INCLUDE A COPY OF THE FRONT AND BACK OF YOUR PHOTO IDENTIFICATION.

**Requirement for ordering:** If applicant is self, parent, guardian, or legal representative, then the applicant must complete this application and provide valid photo identification, if a mail request, a copy of the valid photo identification must be provided. If applicant is not one of the above, the Affidavit to Release a Birth Certificate must be completed by an authorized person and submitted in addition to this application form. Acceptable forms of identification are the following: Driver's License, State Identification Card, Passport, and/or Military Identification Card.

## BIRTH RECORD INFORMATION

CHILD'S FULL NAME AS SHOWN ON BIRTH RECORD	FIRST	MIDDLE	LAST	SUFFIX	
IF NAME WAS CHANGED SINCE BIRTH, INDICATE NEW NAME	FIRST	MIDDLE	LAST	SUFFIX	
DATE OF BIRTH	MONTH	DAY	YEAR (4-DIGIT)	STATE FILE NUMBER (If known)	SEX
PLACE OF BIRTH	HOSPITAL	CITY OR TOWN	COUNTY		
MOTHER'S MAIDEN NAME	FIRST	MIDDLE	LAST	SUFFIX	
FATHER'S NAME	FIRST	MIDDLE	LAST	SUFFIX	

## APPLICANT INFORMATION

(The adult requesting the certificate)

Any person who willfully and knowingly provides any false information on a certificate, record or report required by Chapter 382, Florida Statutes, or on any application or affidavit, or who obtains confidential information from any Vital Record under false or fraudulent purposes, commits a felony of the third degree, punishable as provided in Chapter 775, Florida Statutes.

Applicant's Name TYPE OR PRINT	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)
MAILING ADDRESS (INCLUDE APT. NO., IF APPLICABLE)	CITY	STATE	ZIP CODE
HOME PHONE NUMBER ( )	RELATIONSHIP TO REGISTRANT	SIGNATURE OF APPLICANT	
WORK PHONE NUMBER ( )			
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NO.	IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT		

## ORDER INFORMATION

The Computer Certified Copy is recognized and accepted by ALL State and Federal Agencies

First birth certificate	\$12.00	x	1	=	\$12.00
Each additional certificate of same birth record	\$8.00	x		=	

Payment types accepted:

TOTAL AMOUNT DUE \$

If applying in Person - Cash or Credit Card

If applying by Mail - Money Order or Business Check - Payable to LCHD - No Personal Checks

\*\*\* FOR OFFICE USE ONLY \*\*\*

Certificate No. \_\_\_\_\_ to \_\_\_\_\_

## INFORMATION AND INSTRUCTIONS FOR BIRTH RECORD APPLICATION

**COMPUTER  
CERTIFICATION:**

Computer certifications are accepted by all state and federal agencies and used for any type of travel.

**ELIGIBILITY:**

Birth certificates can be issued only to:

1. Registrant (the child named on the record) if of legal age (18)
2. Parent(s) listed on the Birth Record
3. Legal guardian (must provide guardianship papers)
4. Legal representative of one of the above persons
5. Other person(s) by court order (must provide recorded or certified copy of court order)

In the case of a deceased registrant, upon receipt of the death certificate of the decedent, a certification of the birth certificate can be issued to the spouse, child, grandchild, sibling, if of legal age, or to the legal representative of any of these persons as well as to the parent. Any person of legal age may be issued a certified copy of a birth record (except for those birth records under seal) for a birth event that occurred over 100 years ago.

**REQUIREMENT FOR  
ORDERING:**

If applicant is self, parent, legal guardian or legal representative, then the applicant must provide a completed application along with a copy of a valid photo identification. If legal guardian, a copy of the appointment orders must be included with your request. If legal representative, your attorney bar number, and a notation of whom you represent and their relationship to the registrant must be included with your request. If you are an agent of local, state or federal agency requesting a record, indicate in the space provided for "relationship" the name of the agency. Acceptable forms of identification are the following: Driver's License, State Identification Card, Passport and/or Military

If none of the above, you must complete this application and have a notarized Affidavit to Release A Birth Certificate (DH Form 1958, 2/03) submitted with your application for the birth record along with a copy of a valid photo identification.

**RELATIONSHIP TO  
REGISTRANT:**

A person ordering his or her own certificate should enter "SELF" in this space. Also, explain if name has been changed; married name, name changed legally (when and where), etc. Others must identify themselves clearly as eligible (see ELIGIBILITY above).

**NONREFUNDABLE:**

Vital record fees are nonrefundable.

**APPLICANT'S  
SIGNATURE:**

Is required, as well as his/her printed name, residence address and telephone number.

**TIME OF BIRTH:**

This item was not collected on the birth events between 1949 to 1969.

**A COMPUTER  
CERTIFICATION HAS  
TWO DIFFERENT  
FORMATS:**

1. A certification of a registered birth **2004 to present**, supplies the following facts of birth: Child's Name, Date of Birth, Sex, Time, Weight, Place of Birth (City, County and Location) and Parents

2. A certification of a registered birth **1930 to 2003**, supplies the following facts of birth: Child's Name, Date of Birth, Sex, County of Birth and Parents Name.

**PHOTOCOPY:**

A photocopy is a certificate of the registered birth on file. Photocopies of birth certificates are certified documents.

**AVAILABILITY:**

Birth registration was not required by state law until 1917, but there are some records on file dating back to 1865. Birth records under seal by reason of adoption, paternity determination or court order cannot be ordered in this manner. For a record under seal, write to:

**State Office of Vital Statistics  
Attn: Records Amendment Section  
P.O. Box 210  
Jacksonville, FL 32231-0042**

**PLEASE VISIT THE STATE OFFICE OF VITAL STATISTICS WEBSITE**  
[http://www.doh.state.fl.us/planning\\_eval/vital\\_statistics/index.html](http://www.doh.state.fl.us/planning_eval/vital_statistics/index.html)